

August Health Message: Ovarian Cancer

This month's health issue is ovarian cancer. This year in the US 21,290 women will receive new diagnosis of ovarian cancer and 14,180 women will die. Ovarian cancer ranks fifth in cancer deaths among women and accounts for more deaths than any other female reproductive cancer. Most ovarian cancer in women is diagnosed between ages of 50-65 with at least 5 percent diagnosed at age 63 or more. Ovarian cancer is rare in women younger than age 40. Ovarian tumors arise from three different types of tissue. Most common are epithelial tumors that develop in the thin layer covering the ovary, stromal tumors in tissue that contains hormone producing cells and germ cell tumors arising from egg producing cells. Germ cell tumors are rarer and tend to occur in younger women. A dermoid cyst or teratoma are examples of this type of tumor.

Twenty percent of women have one or more risk factors for ovarian cancer. Factors that increase risk for development of ovarian cancer include: a body mass index greater than 30; women who have no children or have their first pregnancy over age 35; long term estrogen replacement therapy; early menarche (before age 12) and late menopause (after age 52); unsuccessful use of fertility drugs such as clomid for over a yr; hx of polycystic ovaries, use of intrauterine devices and even use of talcum powder in perineal area. Family history of ovarian cancer in a first degree relative can increase risk. Genetic factors such as families that carry BRCA1 and BRCA2 gene or other genetic syndromes can increase risk of ovarian cancer. The lifetime risk to develop ovarian cancer in general population is two percent. Carrying BRCA1 gene increases risk to 35-70% and carrying BRCA2 at 10-30 percent by age 70. Women who carry these genes often opt for prophylactic mastectomies and total hysterectomies and removal of ovaries.

Factors that can decrease risk of developing ovarian cancer include: term pregnancies before age 26 and the risk decreases with each pregnancy. Women who use birth control pills have lower risk. The longer a woman uses birth control pills, the lower the risk. Women who use depo-provera have decreased risk especially if used for three or more years. Women who have had a tubal ligation or a hysterectomy may be at decreased risk for ovarian cancer. A low fat diet for over 4 years and decreased intake of processed foods may decrease ovarian cancer risk.

Twenty per cent of ovarian cancers are found at an early stage. When diagnosed at a localized stage, ninety-four percent of patients live longer than five years after diagnosis. Symptoms may or may not be present. If present a woman could have the following symptoms: abdominal swelling/bloating; weight loss; changes in bowel habits, pelvic pressure, abdominal pain; difficulty eating like feeling full quickly; urinary symptoms such as frequency or urgency. The American Cancer Society advocates regular women health exams as a means to help identify ovarian cancer earlier. Screening tests have been investigated but have been unsuccessful. The most commonly used tests include transvaginal pelvic ultrasound and the blood test CA125. Neither have been useful for screening. Using these for screening led to more testing and surgeries but did not lower number of deaths from ovarian cancer. CA 125 is a sensitive blood test but not specific for ovarian cancer. It is elevated in other conditions such as diverticulitis, endometriosis, cirrhosis, normal menses, PID, pregnancy and fibroids. Several vaccines have been studied and hold some promise but the number of study participants is small.

Larger studies are needed . Resources for more information including staging and treatment of ovarian cancer can be found at www.cancer.org or www.cancer.gov.